



PASADENA AREA COMMUNITY COLLEGE DISTRICT

PERSONAL VEHICLE USE

Name _____ Phone _____ DOB _____

Driver's License # _____ Expiration Date _____

Year/Make of Auto _____ Vehicle License # _____

Insurance Carrier _____ Phone _____

Liability Limits _____ Policy # _____ Expiration Date _____

I certify that the above information is correct and that the insurance coverage is in force. I understand that while driving my personal vehicle that I must have liability insurance coverage and a valid driver's license as required by the State of California. I agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

If you drive your personal automobile while on college business and you are involved in an accident, by law your liability insurance policy is primary and the District liability coverage shall be excess. The District does not provide comprehensive or collision coverage to your vehicle.

All persons driving on college business will (1) follow the most direct route; (2) avoid unnecessary stops; (3) transport only authorized persons, no guests; (4) transport not more than nine (9) students, no matter what size of vehicle; and (5) ensure that all vehicle occupants use seat belts as required by law.

★ Attach a photocopy of the following: (1) "Proof of Insurance" provided by your automobile insurance company that indicates expiration date of insurance, and (2) driver's license. The college may obtain a driving record check from the California Department of Motor Vehicles

Signature of Student

Date

Course # and Title _____

Destination(s) _____

Departure Date _____ Return Date _____